

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594530

FILING DATE

APPLICANT(S)

Article 34

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		(1)		(1)		
6		(1)		(1)		
7		(1)		(1)		
8		(1)		(1)		
9					1	
10						1
11						1
12						1
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TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	9	←	9	←	14	←
TOTAL CLAIMS	10		10		15	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						